IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TM, SUITE 1A DES MOINES, IA 50319

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wa Code section 8.7 requires all gifts and bequests given to any department of the state of lows lis Tik BC

Gift or Bermed information received by a department or acceptual by the Governor on behalf of the state	
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received by the Governor on between the scale of control sciosure Roard and the Government Overeight Commit s report to the Government Overeight Cummittee. This colpt of the gift or bequest.	titee. The Roard will provide a copy of Computer
EPARTMENT OR OFFICE RECEIVING THE GIFT OR	BEQUEST:
Iowa Department of Management	
Name of Department or Office Capitol Building, Room 13, Des Moines, Ioura 20,519	
Mailing Address 515-281 222	City, State, 4ip Code
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ONTACT PERSON FOR RECIPIENT DEPARTMENT	OR OFRIGE:
Carla Securata	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (If different from above)
ONOR OF GIFT OR BEQUEST: Community Choice Credit Union Name Melling Address City, State, Zip Code Area Code & Telephone Number Comichnicacu.org Limit Address (optiqued)	December 15, 2010 Date of Gift or Bequest Amount/Vebus* *value is defined as "fair merket value" of item as determined by receiving department or office. If no value mark "0.00".
Provide a description of the gift of bequest and purpose the 21 Lofthouse frosted sugar cookies, 2011 ca	
Unteria to use this form. Received by any gift or bequest that is received by any depart	tment of the state or rescived by the Governor on behalf of the state
Statement of Affirmation:	
Carla Seemann affirm that the gift ur bequest it	eported above is accurate. I further affirm that the infimitation concerning the dotter and a true to the best of my knowledge.

December 16, 2010

Date

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